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**ALCOHOL AS A SUBSTITUTE, MASK OF DEPRESSION AND
"ANTIDOTE" OF NARCISSISM**

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Abstract

Alcoholism is an increasingly problem including among women. The confrontation is challenging and often frustrating for specialists, the main difficulty in the lack of patient determinism, treatment abandonment and relapse.

Does alcoholism pathology hides a depression and limiting approach on exploratory level is efficient or requires restructuring patient entire life?

We highlight a 40 years women, with narcissist structure due to her real objective beauty, but whose mental functioning had suffered significantly during the past years due to chronic alcoholism. The patient approach aimed to develop coping mechanisms to learn skills to control craving and depression management.

The patient has long-term hospitalized and had a combined pharmacological and psychological approach, motivational techniques, milestones/anchors for reality, uncovering motivations, workout type active/passive will, malevolence, psychodynamic exploration of childhood wounds, approach of narcissist hurts, support for strengthening and functioning of the self, increase self esteem, exposure to controlled provocateur stimuli, knowing her own limitations.

Patient's personality reveals an old depression over a depression as a personality trait. She has limited ability to recognize her own emotions, centred on her image, belongs to B personality cluster and alcohol was a way of strengthening the front Self, shaken by abandonment traumas. The exclusive approach of alcoholism phenomenology without pharmacological and psychotherapeutic treatment is ineffective.

Apparently the patient seems available and determined to stop drinking, requiring hospitalization motivated by awareness of her decline and debasement, but as she discover her own fragility, and traits from the dependency area, her abstinence motivation weakens, being necessary motivational interventions, changing the therapy for countering mistrust

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1. Introduction

Alcoholism is an increasingly problem including among women. The confrontation is challenging and often frustrating for specialists, the main difficulty in the lack of patient determinism, treatment abandonment and relapse.

2. Problem Statement

Gabbard, in "Psychodynamic psychiatry treaty" defines substance abuse as "the ingestion of chemical substances which can lead to addiction, life threatening physical problems and a multitude of emotional problems" (Gabbard, 2005). Alcohol is one of these substances and a severe consequence of alcohol abuse in alcoholism.

Alcoholism is a progressively more prevalent affliction (according to WHO statistics) with devastating potential to the mental and physical health of consumers and those close to them. Europe registers the highest consumption of alcohol in the world. (<http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use>)

In the battle with alcoholism and its effects, "psy" experts and experts in other domains have searched for etiological elements and ways to combat, reduce and prevent this affliction. Categorization, creation of profiles specific of alcoholics, differentiation according to gender, age, heredity, stress factors, constitution, etc. have been tried and one of the conclusions reached is that "alcohol is a heterogeneous affliction with a multifactorial etiology"(Donovan (2011), Gabard, 2005)

A few psychoanalytic reasons were given for the consumption of alcohol:

Freud (1917) justified the consumption of alcohol through regression to the oral stage of psychosexual development (Marks, Murray, Evans & Willing, 2000). Therefore, in conditions of excessive stress, one uses alcohol consumption as a defensive mechanism. The oral characteristic of drinking, the reduction of anxiety and the sleepiness induces by its consumption simulates the process of breastfeeding, which is associated with a pleasant and careless period. This is more convenient than the outright handling of issues.

Kohut in "Philosophy of self" says that drinking doesn't only offer a sensorial pleasure, but "is in a much deeper sense an attempt to fill the emptiness inside", the emptiness inside that nobody else managed to fill: not parents at the early stages, not the husband later on, which gave her very much material support, but did not build anything of psychological significance, and not her child, which recognizes his grandmother as his mother and married a woman, disavowed by his actual mother.

Luis R. de la Sierra, in his clinical practice concluded that through ingestion of alcohol, the drinkers would actually want to heal a sickness from within. Addicts have internal conflicts, and ingestion is used medically, for healing what's inside.

Efficacy studies have been made regarding different kind of interventions for alcoholism which concluded that the psychodynamic approach is frustrating for experts which avoid or abandon the treatment of alcoholic patients due to the minor impact of the motivation interpretation inconsistent with alcohol consumption behavior. Such an approach can be efficient with regards to resolving inconsistent causes of alcoholism after the patient is no longer confronted with this behavior. This can be

accomplished with the help of support groups, which create a social grid that encourages abstinence, and with pharmaceutical treatment. In some cases cognitive behavioral therapies were efficient in association with pharmaceutical treatment and support group.

The conclusion drawn from the studies on results got from various psychotherapeutic interventions is that every patient needs to be handled individually and evaluated very carefully before developing an adequate treatment (Gabbard, 2005).

3. Research Questions

Does alcoholism pathology is a princeps problem or it hides a depression of various intensities? Is it enough limiting approach to exploratory level or it requires restructuring patient entire life?

4. Purpose of the Study

We highlight a 40 years women, with narcissist structure due to her real objective beauty, but whose mental functioning had suffered significantly during the past years due to chronic alcoholism. The patient approach aimed to develop coping mechanisms to learn skills to control craving and depression management.

AN age 40, has a boy, is divorced, has an intimate relationship with a man of the same age as her child, is a housewife, provides for herself by renting flats left by her ex husband, and has finished primary education(10 grades). She has a younger brother which died as a result of drug abuse. She states that the whole family fought to help him shake off this vice, but with no success. He was a user for around 17 years, recently using syringes. He was kept on a tight leash by mother but he wastes content with the life he was leading, he wasn't making mother proud of him. The mother was admitted with him and now is admitted with her daughter, AN. She was admitted because of the amount of alcohol she drinks, which after the divorce was in excess. She admits that her consumption of alcohol is a problem since „the moment it got out of control, 6 years ago, when divorcing”. She stayed together with her husband 17 years. At 14 she ran from home and got pregnant. At four and a half months of pregnancy she returned home. Her parents took her to the gynaecologist to check if she is still a maiden, and they found out about the pregnancy. There was a fight without chasing from home. Her mother went to work in Germany and took her with because if not „people would have jagged. She had a normal birth in the 90's with a translator. She felt spoiled with the attention she got there. The child's father wasn't with her, did not admit to being his, it wasn't important for him to take the child in. She didn't feel either how it is to have a child because her mother took care of him, loved him and the child called her maternal grandmother, mother. A year after she gave birth, the child's father came to Germany and they came back together. In Germany, at 16, she started working in a casino. When she left, she had finished 8th grade in Germany, without the final capacity exam” and when arriving back home, she resumed school, finishing 10'the grade. She admits not liking school, and considers herself lucky, because she had money without needing to study. She opened a tattoo parlour, with employee, she herself having tattoos on her hands and leg. She closed it because employee where not punctual. She admits not making to much money off the tattoo shop, most of

the money coming from her husband, which worked as a construction engineer in real estate. He also left her seven apartments and a villa which she rents out, living off of them.

She caught her husband in bed with a dancer, in a hotel room. She wanted „to prove that she can catch him”. She followed him like a detective for about 6 months. Until then she didn't feel anything, „the phones where on the table”, she had no reason to suspect he's cheating on her, until he wanted to go in vacation without her, which made her suspicious. She paid a private detective to follow him, she got information on his location, she went there and barged in the room. The husband „got shocked”, she yelled and left. When the husband came back home he said that it was only an affair. He tried reconciliation, but she couldn't get over it: it sickened me. ”All the love turned to the opposite poll”. She suffered for a year. Ambition/self-pride where greater than the love. She did not cheat on him, yet she had the chance. She loved in too much and could not accept the idea. If she fancied another man, „the barrier” would kick in.

She describes that her mother also caught her father red handed, cheating on her. She also didn't get over it: she risked her social status denouncing him to the party(communist party at that time), her husband which had a superior, an important position in a public institution. They divorced when A was 5-6 years old and decided together to sent A to Onesti to artistic gymnastics, when she started first grade. They wanted to see me a big champion but it's uncomfortable to leave home for boarding school and training two times a day. She skips the sadness that these words would cause her and speaks about how her parents where good friends with the coaches and she was a spoiled girl. She attended a girl only school and she saw that the girls that did sports had many shortcomings. From a 50-70 bunch, she was ranked 20th. Despite not having any ambition in gymnastics she fit in, she liked the gang and most, she liked the fact that she had a schedule: „the schedule helped me put things together. She abandoned gymnastics at 12, giving the reason that she was very tall and gymnasts needed to be short. The couches also said to her parents that: you're throwing money away. Despite it all, she thinks that the decision was hers. Recollections from that time are pleasant she was attached to those around her, but also painful, she cried very hard when she had to leave home, where she spent her time on holidays. The pain of having to leave her parents was compensated by her attachment to „the gang” and the schedule. She did not think that if she stayed she could have prevented the divorce but she did mention that her mother kept and raised her brother.

At this point in life she has a partner which helped her get over the trauma of splitting with her husband. She met him at the gym and even though they're in a stable relationship, her first after the divorce, it is kept a secret. She didn't think she could have a relationship with someone the same age as my son. At first, she avoided drinking when he was around but as time went on she cared less and less. He runs from her when she's drunk, and does not approve of use. She wouldn't want her boyfriend to know she has a drinking problem and she hid her hospital admission saying that she is going to Herculane (a spa resort).

She wishes not to touch alcohol again, the reason being that she started to decay and life is falling apart. She doesn't remember what she's doing when she's drinking and those around her tell her she doesn't know what she's doing when drunk. She says she got into a fight with a good friend because she tough he said something off, at a party and she lost her calm. She is also losing her memory, forgets dates

or that she has lend money. Forgetting scares her and she doesn't approve of such violent behaviour. If when she drinks, she feels the biggest and bad-ass, the next day she has a bad opinion of herself.

She works out at the gym for about one hour if her head doesn't hurt and she likes horseback riding, which she does with a friend.

He relationship with her son and grandson is prevented by her hatred for her daughter-in-law of which she is jealous and of which she says she is poor, poor, proud of herself, hussy, without a certain something(referring to her looks), without communication skills and power of persuasion even though she graduated college. Her accumulated sorrow she projects onto her and her son.

The mother and the son own together a taxicab service.

Elements that add to the patient's vulnerability

- The parents' divorce at the age of 6
- Her being sent at a gymnastics boarding school away from home
- The fact that her brother was raised by her mother
- The brother's death because of an overdose
- Her divorce
- The defective relationship with her son and daughter-in-law |

5. Research Methods

|AN , being at her first admission, presents herself in a neat fashion, is spatially and temporally oriented, interacts and perceives normally others and herself, and he is cooperative within reason. Spontaneous discourse is rich and coherent, being centred on the motive of her admission(alcohol consumption). Her train of tough is normal, the vocabulary used is limited to simple, ordinary words. She claims memory issues, denies any disturbance in perception at the type of the examination but affirms some in the past, in states of inebriation. A decline in cognitive and affective function can be observed. On the emotional level, even if alcohol consumption and her current boyfriend help her bare the divorce from her husband, she has violent verbal and physical outbursts towards friends and her daughter-in-law(while drunk). She condemned the current circumstances and wishes to do something regarding alcohol consumption, if possible, without a great emotional effort. She is centred on physical upkeep, which she practices. The physical trial is more accessible than the affective one. She would rather achieve her self-restraint at a bodily level, trough physical exercise and upkeep. She reports without transmitting, which indicates emotional emptiness. She has a sad disposition whit anxious depressive tendencies. Lack of emotional reasoning, alcohol consumption when happy and when sad.

She reports having drunk for the last 10 years, and in excess since the divorce. She started with sweet drinks, not preferring dry ones. She enjoys beer the most, going through 10 or more when drinking. She doesn't eat while she drinks. Her maternal grandfather consumes alcohol excessively. Her father also drank but with measure. Her mother also started drinking but she doesn't think that this can be inherited. Also, she doesn't think that under her drinking there is an underlying problem. She sees her drinking as a need, a habit, and says that "it would be ok if I had measure". She wishes to resolve this problem but doesn't know "temptation will be".

She also states that she had 3 suicide attempts: one with pills, after she caught her husband, she was hospitalized with a blood pressure of 3, she wasn't sent to psychiatry. Her husband came to the hospital with her son which was in 9th grade and scolded her. Another time she wanted to run her car in a tree while going 180km/h. She called her family after the crash, who then came and took her away, preferring the statement of "fled from the scene" instead of "driving while the influence". This having happened one year after the divorce. Another time she wanted to throw herself out the window while drunk saying she couldn't bare the loneliness..

Her mother and her friends took notice of her downfall, which she admits and wants to stop, so she got herself admitted with her mother.

Evaluation of alcohol consumption:

T AUDIT (The alcohol use disorders identification test)- high risk for alcohol consumption

T MAST (The Michigan Alcoholism Screening Test) – alcoholic

Symptomatic profile:

Anxiety (Hamilton) –severe

Depression (Hamilton) -severe

Luscher test:

Targeted goals / behaviour driven by targeted goals:

She requests that her thoughts and emotions be merged and combined perfectly. She refuses to make any kind of concession or accept any compromise.

Current situation / behaviour driven by current situation:

Restless, ready to leave. She needs to know that any development is on the right path.

Retained characteristics / unfit behaviour for current situation:

She thinks she isn't getting what she is entitled to, that she is not understood and her true value is not appreciated. She feels forced to comply and doesn't feel emotionally committed to people she is close to.

Rejected characteristics / repressed / characteristics loaded with anxiety:

Current situation is disagreeable. She has the unmet need to ally herself with other people whose standard are as high as hers and to escape the social hierarchy. The control which she exerts over her sensorial instincts, restricts her capacity to give herself, but the state of isolation to which this leads urges her to yield and let herself unite with another person. This troubles her because such instinct are seen as weaknesses which have to be overcome. She feels that only through self constraint she can hope to keep her attitude of individual superiority. She wants to be loved, needs attention and recognizes other people's esteem.

Current problem / behaviour developed due to stress:

Disappointment and fear that there is no possibility for her to develop new goals led her to anxiety, emptiness and an inadequate self-hatred. Her refusal to admit this makes her adopt a defiant and incapacitating attitude.

The Schmieschek test

Demonstrativity 49,8 %

Hyper-exactest 41,5 %

Hyper-severity 83 % - manifested through extreme ambition, susceptibility – paranoid psychopathy

Unrestraint 100 % - Manifested through irritability, malaise, deviations- alcohol – epileptic psychopathy

Hyper-thymic 37,5 %

Dysthymia 75,5 % - Manifested through permanent gloom, exaggerated seriousness – sub-depressive psychopathy

Cyclothymia 75 % - emotional liability, abrupt and silent changes of mood, from happiness to sadness – cyclothymic unrest

Exaltation 100 % - oscillating between euphoria and depression

Anxiety 75 %

Emotiveness 87,5 % - disturbance in affective experiences – liable reactive psychopathy |

6. Findings

| Corroborating the data got from the clinical interview with the test results, an image can be stretched of the development of the addiction toward alcohol, the patient current state and her wish to change it.

One of the first affectively destabilizing event was her parents' divorce and the way that happened: the mother followed her husband, caught him having an affair, risked her social status denouncing him, making his behaviour public. In this way she put paranoia and ego before love. After the divorce, they took the decision to send their girl far from home, to a boarding school for future gymnasts, before the patient could ever build a relationship, and develop her capacity to mentalize. Far from home, she developed attachment relationships to schoolmates, coaches and the school itself, these only weakly substituting her emotional needs for her parents. Leaving from home at the end of holidays was accompanied by tears and pain. Regarding this period, the patient simply say "it was harebrained", calling for our emotional and cognitive resources to imagine how hard it was. She says about her brother that he was kept home and raised by her mother. She can't manifest feelings of fraternal jealousy because he is dead, informing us dryly of the failure and regret of having disappointed his mother. When asked if she thinks that if she stayed home she could have prevented her parents' divorce, she says that she didn't think about that, denying any feeling of guilt.

Far from home A has in mind her parent's wish for her to become a "great champion", they suggested an orientation and a lifestyle that the patient internalized. It was a way to sneak away from the emotional problems, which A uses today highlighting the narcissistic dimension. School gave her a program, a framework she appreciated even later in her agitated life. Even if it caused sanogenuous concerns kept till today, gymnastics did not fill the emotional emptiness made by her parents absence. Without notable performances or personal ambition, at her coaches suggestion motivated by her inadequate height for gymnastics, A comes back home at 12 years of age. She is conscious by the intellectual lacks of gymnasts, admits not liking to study and, at 14 runs away from home, having become pregnant. In this period of pre adolescence and adolescence nuances of borderline can be noticed. She seems full of emotions, runs away from home, gets tattoos, loves, rebels against her parents to then return

spastically home and goes to give birth in Germany, highlighting in this way her ambivalence toward her parents. After she gives birth, far from criticism, she can't raise her child herself, and her mother takes her place in doing so. She can't give emotionally because she herself is liking. She gets married and seems to be fine. She considers herself lucky, not having any material shortages when she was married or when she was young. She finishes 10 grades, opens a tattoo shop, her husband ensures financial comfort, until she finds out about his affair, which shakes her to the core. Relationship with her husband seems to repeat her relationship with her father, which provided for her, spoke for her to be sent to school and to go to Germany to give birth, but was absent emotionally. Despite the fact that her husband provided abundantly externally/materially, internally/affectively he did not build anything, leaving the emptiness from her parents unfilled. She acts like her mother, follows him, catches him and doesn't forgive him. Kenberg says about narcissistic that „it feels hurt so painfully that forgiveness goes out of question” (Kenberg, 1985) accentuating this way the paranoid-narcissist structure.

If while married, her drinking was limited, when she divorced, her drinking "got out of hand";. She suffered and tried to reconciliation but she feels that love "went to the opposite pole". She can't live ambivalently and chooses hatred, she feels hurt in her narcissism, she retreats narcissistically and reacts paranoically, like her mother: not being able to get over it: "ambition/ self-pride where bigger than love". Self-pride represents her personal power and satisfies her need of control, this way having the feeling that she has the power and control. The way she caught her husband shows this paranoid game of putting herself in situations in which, when presented with reality, she remains choice less. Despite subsequently also having regrets going there, this did not change the course of things. Lack of self-control and hypersensitivity -manifested through extreme ambition and susceptibility- where also shown by the Schmiescheck Test. She chooses alcohol for his effect on anxiety and possibly for shortening her self-esteem which was affected

She refers to alcohol consumption, tries to kill herself, these self-destructively components and signal a masochistic side, but choosing power instead of love indicates a more paranoiac side. Her first suicide attempts also show a more paranoid tendency: "you don't see my value", rather than depressive: "I don't have value". She denies love for her husband and chooses to punish him with her death. The last attempt of which she says was motivated by her feeling of loneliness, puts forward a lonely anguish which could be a part of the border phylum or of a compressed depressive decompensation also confirmed by the Hamilton scale and the Lüscher test. She affirms that she can't bare loneliness and drinks to be able to bare it, even though this behaviour alienates her from her close ones.

She has a boyfriend, younger than her, as old as her son, she admits somewhat shame but says that she doesn't feel her age. She seems stuck/ regressed at an age she did not live. This relationship helped her get over the trauma of divorce. Even though this relationship helps her partially and temporarily, she can't benefit from it on a deeper level. She feels she moves from failure to failure, that she assists at her downfall, that she lives for nothing, that she gives up

Disappointed by her current situation, mistrustful of psychotherapists (she claims she has tried 5 of them but she didn't feel understood), probably upset and scared of also the fact that no specialist could prevent her brother's death, she needs hospital admission to give up alcohol. She feels fragile, uncertain

faced with the possible temptations and she wishes her mother to be besides her in hospital, in this undertaken step to quit drinking.

She works out for almost an hour, if she does not get a headache.

7. Conclusion

Elements which help giving up alcohol abuse:

- Criticism of current condition
- The wish to give up alcohol
- Support from her mother, a relationship of love
- The fact that she works out, the wish to have a schedule, discipline
- Fear of being alone

Together with the pharmaceutical treatment to give up alcohol consumption, it is advised initially to start with a supportive therapy for mental rearrangement. The simple encouragement of a supportive environment is not enough, it will not help her. She needs reflection, attention, acknowledgment, appreciation as well as identification with a good object, maternal love. Moreover, she would need the mastery of a therapist that can encourage her to love, as Freud said: “we need to start to love in order not to get sick and we get sick when we can no longer love”.

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